



Report Identification Number: NY-16-047

Prepared by: New York City Regional Office

Issue Date: 12/16/2016

This report, prepared pursuant to section 20(5) of the Social Services Law (SSL), concerns:

- A report made to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR) involving the death of a child.
- The death of a child for whom child protective services has an open case.
- The death of a child whose care and custody or custody and guardianship has been transferred to an authorized agency.
- The death of a child for whom the local department of social services has an open preventive service case.

The Office of Children and Family Services (OCFS) is mandated by section 20 of the SSL to investigate or cause for the investigation of the cause and circumstances surrounding the death, review such investigation, and prepare and issue a fatality report in regard to the categories of deaths noted above involving a child, except where a local or regional fatality review team issues a report, as authorized by law.

Such report must include: the cause of death; the identification of child protective or other services provided or actions taken regard to such child and child’s family; any extraordinary or pertinent information concerning the circumstances of the child’s death; whether the child or the child’s family received assistance, care or services from the social services district prior to the child’s death; any action or further investigation undertaken by OCFS or the social services district since the child’s death; and as appropriate, recommendations for local or state administrative or policy changes.

This report contains no information that would identify the deceased child, his or her siblings, the parent, parents, or other persons legally responsible for the child, and any members of the deceased child’s household.

By statute, this report will be forwarded to the social services district, chief county executive officer, chairperson of the local legislative body of the county where the child died and the social services district that had legal custody of the child, if different. Notice of the issuance of this report will be sent to the Speaker of the Assembly and the Temporary President of the Senate of the State of New York.

This report may **only** be disclosed to the public by OCFS pursuant to section 20(5) of the SSL. **It may be released by OCFS only after OCFS has determined that such disclosure is not contrary to the best interests of the deceased child’s siblings or other children in the household.**

OCFS’ review included an examination of actions taken by individual caseworkers and supervisors within the social services district and agencies under contract with the social services district. The observations and recommendations contained in this report reflect OCFS’ assessment and the performance of these agencies.



Abbreviations

Relationships

BM-Biological Mother	SM-Subject Mother	SC-Subject Child
BF-Biological Father	SF-Subject Father	OC-Other Child
MGM-Maternal Grand Mother	MGF-Maternal Grand Father	FF-Foster Father
PGM-Paternal Grand Mother	PGF-Paternal Grand Father	DCP-Day Care Provider
MGGM-Maternal Great Grand Mother	MGGF-Maternal Great Grand Father	PGGF-Paternal Great Grand Father
PGGM-Paternal Great Grand Mother	MA/MU-Maternal Aunt/Maternal Uncle	PA/PU-Paternal Aunt/Paternal Uncle
FM-Foster Mother	SS-Surviving Sibling	

Contacts

LE-Law Enforcement	CW-Case Worker	CP-Case Planner
Dr.-Doctor	ME-Medical Examiner	EMS-Emergency Medical Services
DC-Day Care	FD-Fire Department	BM-Biological Mother
CPR-Cardio-pulmonary Resuscitation		

Allegations

FX-Fractures	II-Internal Injuries	L/B/W-Lacerations/Bruises/Welts
S/D/S-Swelling/Dislocation/Sprains	C/T/S-Choking/Twisting/Shaking	B/S-Burns/Scalding
P/Nx-Poisoning/ Noxious Substance	XCP-Excessive Corporal Punishment	PD/AM-Parent's Drug Alcohol Misuse
CD/A-Child's Drug/Alcohol Use	LMC-Lack of Medical Care	EdN-Educational Neglect
EN-Emotional Neglect	SA-Sexual Abuse	M/FTTH-Malnutrition/Failure-to-thrive
IF/C/S-Inadequate Food/ Clothing/ Shelter	IG-Inadequate Guardianship	LS-Lack of Supervision
Ab-Abandonment	OTH/COI-Others	

Miscellaneous

IND-Indicated	UNF-Unfounded	SO-Sexual Offender
Sub-Substantiated	Unsub-Unsubstantiated	DV-Domestic Violence
LDSS-Local Department of Social Service	ACS-Administration for Children's Services	NYPD-New York City Police Department
PPRS-Purchased Preventive Rehabilitative Services	TANF-Temporary Assistance to Needy Families	FC-Foster Care
MH-Mental Health	ER-Emergency Room	



Case Information

Report Type: Child Deceased
Age: 11 month(s)

Jurisdiction: New York
Gender: Female

Date of Death: 05/12/2016
Initial Date OCFS Notified: 05/12/2016

Presenting Information

The SCR report alleged that on 5/11/16, the eleven-month-old SC came to the foster home. The foster mother (FM) put the SC to bed at 10:30 P.M. The next morning, at approximately 6:30 A.M., the FM checked and found the SC lying on her stomach and unresponsive. 911 responded and found the SC with no pulse, blood pooled in the child's belly and chest area. The child was reported to be a healthy child with no known medical issues.

Executive Summary

The 5/12/16 SCR report alleged DOA/Fatality and IG of the child by the FM. The ME listed the cause of death as complications of adenoviral tracheobronchitis and the manner of death as natural.

Following the receipt of the 5/12/16 report, ACS staff reported to the foster home (FH) and interviewed the NYPD, ME and the foster mother (FM) regarding the death of the eleven-month-old child. NYPD received the 911 call at 6:52 A.M. and arrived at the case address 6:53 A.M., EMS arrived at 6:55. EMS reported the SC appeared blue in color and stiff and they pronounced her dead at 6:59 A.M.; she was not transported until the coroner arrived. The ME reported were no outward signs of maltreatment or abuse to the SC. The two-year-old SS was taken to the CAC where he was examined and placed in another FH. The FM stated this was the first night the children were placed in her home. The FM stated she placed the SC on her back in her pack and play at 10:30 P. M. and at 6:30 A.M. she found the SC lying on her stomach, unresponsive. The FM called 911 and the foster care agency to report the death of the SC.

On the same date, the Specialist interviewed members of the FM's family whose accounts were consistent with the FM's. The FM's two adult daughters, sixteen-year-old-son and five-year-old granddaughter all reside in the home. Both adults are registered to assist the FM with foster children. For the purposes of this report, the adult daughters will be referred to as daughters A and B.

According to daughter A, on 5/11/16, the children were dropped off at the home between 3:00 and 4:00 P.M. The SC crawled around the floor and cried when she was hungry; she drank a bottle of milk that contained cereal. Daughter A also stated the agency's case worker told A that the SS would rock and bang his head when he became frustrated. Shortly after, he began to bang his head against the couch and cried. He stopped when daughter A played music and played ball with him. At 5:00 P.M., daughter B arrived home and shortly after, she was leaving to pick up the five-year-old and attempted to take the SS with her but changed her mind and took him back home before 6:00 P.M.

According to the FM, she arrived home at 6:00 P.M.; she fed the SC who cried but not excessively. The FM observed mucus in the SC's nose but did not administer medication and case documentation did not reflect whether the case worker brought medication. At 10:30 P.M., the FM placed the SC, supine, in the pack n play to sleep. The FM reported she heard no sound from the SC during the night. At approximately 6:30 A.M., the FM found the SC prone in the pack and play. ACS documented the SC was able to roll over. She turned her over to find her stiff and unresponsive. The FM summoned 911 for assistance and notified the agency. NYPD and EMS arrived. The SC was



pronounced dead and was not transported until the coroner arrived. The FM explained that she placed the pack n play on the first floor of the home because it could not fit through the bedroom door. She placed a folded twin size comforter in the pack n play because the surface was hard. The SS shared the bedroom with A and B. The FM did not have safe sleep training as she was not licensed to care for children under three years old.

Daughter B informed the Specialist that the SC and SS appeared "regular," smiling happily. According to daughter B, the SS woke up twice during the night and she rubbed his back and he fell back asleep. B stated at approximately 3:30 A.M., she (B) went downstairs and checked and the SC was asleep in a supine position with her left hand above her head; B did not touch the SC as she appeared to be sleeping peacefully.

On 7/12/16, ACS unsubstantiated the allegations of the report and unfounded the case. ACS determined there was no credible evidence to support the DOA/Fatality and IG allegations. At the time of the determination there were foster children in the home of the FM.

Findings Related to the CPS Investigation of the Fatality

Safety Assessment:

- Was sufficient information gathered to make the decision recorded on the:
 - Approved Initial Safety Assessment? Yes
 - Safety assessment due at the time of determination? Yes
- Was the safety decision on the approved Initial Safety Assessment appropriate? Yes

Determination:

- Was sufficient information gathered to make determination(s) for all allegations as well as any others identified in the course of the investigation? Yes, sufficient information was gathered to determine all allegations.
- Was the determination made by the district to unfound or indicate appropriate? Yes

Explain:

The case circumstances were recorded in the progress notes.

Was the decision to close the case appropriate? Yes

Was casework activity commensurate with appropriate and relevant statutory or regulatory requirements? Yes

Was there sufficient documentation of supervisory consultation? Yes, the case record has detail of the consultation.

Explain:

On 7/12/16, ACS unsubstantiated the allegations of DOA/ Fatality and Inadequate Guardianship of the eleven-month-old SC by the FM. ACS found no evidence that the FM's actions caused the death of the SC.

Required Actions Related to the Fatality

Are there Required Actions related to the compliance issue(s)? Yes No



NYS Office of Children and Family Services - Child Fatality Report

Issue:	Appropriateness and adequacy of child's foster care placement
Summary:	According to Graham Windham, the FM's home was approved to have two children from three-years-old to six-years-old. Graham Windham was in error of placing eleven-month-old SC child and two-year-old SS in that foster home due to their ages.
Legal Reference:	18 NYCRR 430.11(c) or (d)
Action:	ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.
Issue: Diligence of Efforts	
Summary:	ACS did not assess the FM's five-year-old grandchild who resided in the home and slept in the bed with the FM on the night of the incident.
Legal Reference:	NYCRR 430.12D
Action:	ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.
Issue: Coordination of Services	
Summary:	Graham Windham was aware of the children's behaviors and was informed of the children's by five of the previous foster parents that the children needed special services and they did not implement or seek the appropriate placement.
Legal Reference:	18 NYCRR 432.2(b)(4)(i) and 432.2(b)(4)(viii)
Action:	ACS must submit a corrective action plan within 45 days that identifies what action it has taken or will take to address the issues cited in this report. ACS staff must meet with staff involved with this fatality investigation and NYCRO of the date of the meeting, who attended, and what was discussed.

Fatality-Related Information and Investigative Activities

Incident Information

Date of Death: 05/12/2016

Time of Death: 06:59 AM

Time of fatal incident, if different than time of death: 06:30 AM

County where fatality incident occurred: New York

Was 911 or local emergency number called? Yes

Time of Call: 06:52 AM

Did EMS to respond to the scene? Yes

At time of incident leading to death, had child used alcohol or drugs? No

Child's activity at time of incident:

Sleeping

Working

Driving / Vehicle occupant



NYS Office of Children and Family Services - Child Fatality Report

Playing
 Other

Eating

Unknown

Did child have supervision at time of incident leading to death? Yes

How long before incident was the child last seen by caretaker? 7 Hours

Is the caretaker listed in the Household Composition? Yes - Caregiver

1

At time of incident supervisor was: Not impaired.

Total number of deaths at incident event:

Children ages 0-18: 1

Household Composition at time of Fatality

Household	Relationship	Role	Gender	Age
Deceased Child's Household	Deceased Child	Alleged Victim	Female	12 Month(s)
Deceased Child's Household	Foster Parent	Alleged Perpetrator	Female	56 Year(s)
Deceased Child's Household	Other Adult	No Role	Female	22 Year(s)
Deceased Child's Household	Other Adult	No Role	Female	19 Year(s)
Deceased Child's Household	Other Child	No Role	Male	16 Year(s)
Other Household 1	Mother	No Role	Female	21 Year(s)

LDSS Response

Following the receipt of the 5/12/16 report, the ACS Specialist reported to the foster home (FH) and interviewed the NYPD, ME and the foster mother (FM) regarding the death of the eleven-month-old SC. NYPD and EMS arrived at the case address and found the SC unresponsive. The medical technicians pronounced her dead at 6:59 A.M. The ME reported there were no observed signs of maltreatment or abuse to the SC. ACS transported the two-year-old SS to the CAC where he was examined. He was found without marks or bruises and placed in another FH.

On 5/12/16, ACS staff interviewed all of the FM's family members separately and their accounts were consistent. The FM reported her two adult daughters, her sixteen-year-old-son and her grand-daughter age five, resided in the home. Both adults had been registered with the agency to assist her with foster children. They reported that upon arrival, the children were not cranky; however, later the SS began to cry and bang his head and the SC followed. At bedtime, the SS was soothed with music and although he awoke during the night, he was again hushed back to sleep. The SC was cuddled until she fell asleep and was then placed supine, on a folded comforter, in the pack and play. An adult checked on her during the night and reported she was asleep on her back and appeared fine. The FM awoke in the morning and discovered the SC prone and unresponsive in the pack and play. The sixteen-year-old told the Specialist he observed the SC was well and that he did not hear anything and was not aware of the incident. This was the first night the children were placed in the foster home.

According to Graham Windham, the FM's home was approved to have two children from three-years-old to six-years-old



NYS Office of Children and Family Services - Child Fatality Report

effective on 8/27/15 to expire 8/26/16. It was placed on hold as of 5/13/16. Graham Windham was in error of placing eleven-month-old child SC and two-year-old SS in that foster home due to their ages.

The Specialist interviewed the BM who had a supervised visit on the day prior to the incident. She stated the children were well they laughed, played and ate and the SS and the BM engaged in touch therapy.

On 5/16/16, ACS interviewed the former foster mother who provided care during the last month. She reported the SC ate often and cried a lot despite being fed or changed. She stated the child usually slept prone and she was able to roll over. The foster mother reported she returned the children because she felt she received no support from the agency.

Since the child's death, the agency offered bereavement counseling to the BM, BF and MGM and provided assistance with funeral services. The SS was placed in a therapeutic foster home under the auspices of Children's Aid Society. ACS reported the SS has made progress in his current setting. He currently receives touch therapy with his BM.

The NYPD found no criminality and closed their investigation on 5/18/16. On 7/11/16, ACS unsubstantiated the allegations of DOA/ Fatality and IG of the SC by the FM. ACS stated there was no indication that the FM's actions caused or contributed to the death of the SC. The final autopsy report is pending.

Official Manner and Cause of Death

Official Manner: Natural

Primary Cause of Death: From a medical cause

Person Declaring Official Manner and Cause of Death: Medical Examiner

Multidisciplinary Investigation/Review

Was the fatality investigation conducted by a Multidisciplinary Team (MDT)?No

Comments: There is no approved OCFS Child Fatality Review Team in the New York City region. The ACS investigation adhered to previously approved protocols for joint investigation.

Was the fatality reviewed by an OCFS approved Child Fatality Review Team?No

Comments: New York City does not have an OCFS approved Child Fatality Review Team.

SCR Fatality Report Summary

Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Allegation Outcome
032223 - Deceased Child, Female, 12 Month(s)	032222 - Foster Parent, Female, 56 Year(s)	Inadequate Guardianship	Unsubstantiated
032223 - Deceased Child, Female, 12 Month(s)	032222 - Foster Parent, Female, 56 Year(s)	DOA / Fatality	Unsubstantiated

CPS Fatality Casework/Investigative Activities



NYS Office of Children and Family Services - Child Fatality Report

	Yes	No	N/A	Unable to Determine
All children observed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When appropriate, children were interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alleged subject(s) interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All 'other persons named' interviewed face-to-face?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact with source?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All appropriate Collaterals contacted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a death-scene investigation performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there discussion with all parties (youth, other household members, and staff) who were present that day (if nonverbal, observation and comments in case notes)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of investigation with law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the investigation adhere to established protocols for a joint investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there timely entry of progress notes and other required documentation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:

ACS reported the FM's five-year-old grandchild, who resided in the home and slept in the bed with her on the night of the incident was not seen or accessed during the home visit because she was not at home.

Fatality Safety Assessment Activities

	Yes	No	N/A	Unable to Determine
Were there any surviving siblings or other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate safety assessment of impending or immediate danger to surviving siblings/other children in the household named in the report:				
Within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 7 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an approved Initial Safety Assessment for all surviving siblings/ other children in the household within 24 hours?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues that need to be referred back to the local district?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When safety factors were present that placed the surviving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	-------------------------------------	--------------------------	--------------------------	--------------------------



NYS Office of Children and Family Services - Child Fatality Report

siblings/other children in the household in impending or immediate danger of serious harm, were the safety interventions, including parent/caretaker actions adequate?				
--	--	--	--	--

Fatality Risk Assessment / Risk Assessment Profile

	Yes	No	N/A	Unable to Determine
Was the risk assessment/RAP adequate in this case?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the course of the investigation, was sufficient information gathered to assess risk to all surviving siblings/other children in the household?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an adequate assessment of the family's need for services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the protective factors in this case require the LDSS to file a petition in Family Court at any time during or after the investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were appropriate/needed services offered in this case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement Activities in Response to the Fatality Investigation

	Yes	No	N/A	Unable to Determine
Did the safety factors in the case show the need for the surviving siblings/other children in the household be removed or placed in foster care at any time during this fatality investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there surviving siblings/other children in the household removed as a result of this fatality report/investigation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, court ordered?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain as necessary: ACS removed the SC's SS from the foster home due to suspicion around the death of the SC. The SS was replaced into a different foster home.				

Legal Activity Related to the Fatality

Was there legal activity as a result of the fatality investigation? There was no legal activity.

Have any Orders of Protection been issued? No



NYS Office of Children and Family Services - Child Fatality Report

Services Provided to the Family in Response to the Fatality

Services	Provided After Death	Offered, but Refused	Offered, Unknown if Used	Needed but not Offered	Needed but Unavailable	N/A	CDR Lead to Referral
Bereavement counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economic support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Funeral arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Foster care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homemaking Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Early Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family or others as safety resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, specify: Bereavement counseling to FM.

Additional information, if necessary:

The SS was receiving Early Intervention prior to the initial removal from the BM's home.

Were services provided to siblings or other children in the household to address any immediate needs and support their well-being in response to the fatality? Yes

Explain:

Since the child's death, the agency offered bereavement counseling to the BM, BF and MGM and provided assistance with funeral services. The SS was placed in a therapeutic foster home under the auspices of Children's Aid Society. ACS reported the SS has made progress in his current setting. He currently receives touch therapy with his BM.

Were services provided to parent(s) and other care givers to address any immediate needs related to the fatality? Yes

Explain:

It is unknown whether services were provided to the FM who discovered the SC. It was reported the FM's underage



family members were not aware of the incident.

History Prior to the Fatality

Child Information

- Did the child have a history of alleged child abuse/maltreatment? Yes
- Was there an open CPS case with this child at the time of death? Yes
- Was the child ever placed outside of the home prior to the death? Yes
- Were there any siblings ever placed outside of the home prior to this child's death? Yes
- Was the child acutely ill during the two weeks before death? No

Infants Under One Year Old

During pregnancy, mother:

- Had medical complications / infections
- Misused over-the-counter or prescription drugs
- Experienced domestic violence
- Was not noted in the case record to have any of the issues listed
- Had heavy alcohol use
- Smoked tobacco
- Used illicit drugs

Infant was born:

- Drug exposed
- With neither of the issues listed noted in case record
- With fetal alcohol effects or syndrome

CPS - Investigative History Three Years Prior to the Fatality

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
11/15/2015	11818 - Sibling, Female, 6 Months	11816 - Mother, Female, 21 Years	Inadequate Guardianship	Indicated	No
	11819 - Sibling, Male, 19 Months	11816 - Mother, Female, 21 Years	Inadequate Guardianship	Indicated	
	11819 - Sibling, Male, 19 Months	11816 - Mother, Female, 21 Years	Lacerations / Bruises / Welts	Indicated	

Report Summary:

The SCR registered a report with allegations of IG and LBW of the two-year-old child by the BM on 11/15/15. The report alleged that the BM bit the child all over his body.

Determination: Indicated

Date of Determination: 01/06/2016

Basis for Determination:

During the interview, the BM admitted that she bit the child out of frustration because he awoke during the night and



NYS Office of Children and Family Services - Child Fatality Report

bang his head causing the younger sibling to wake up. The BM noted she would have to put the sibling back to sleep and then the SC.

OCFS Review Results:

ACS complied and conducted a removal and the children were remanded to the care of the Commissioner. The children were placed in a foster home.

Are there Required Actions related to the compliance issue(s)? Yes No

Date of SCR Report	Alleged Victim(s)	Alleged Perpetrator(s)	Allegation(s)	Status/Outcome	Compliance Issue(s)
03/26/2015	11813 - Other - Foster child, Male, 12 Years	11812 - Foster Parent, Female, 54 Years	Inadequate Guardianship	Unfounded	No
	11814 - Other - Foster child, Female, 8 Years	11812 - Foster Parent, Female, 54 Years	Inadequate Guardianship	Unfounded	
	11814 - Other - Foster child, Female, 8 Years	11812 - Foster Parent, Female, 54 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	11815 - Other - Foster child, Female, 6 Years	11812 - Foster Parent, Female, 54 Years	Inadequate Guardianship	Unfounded	
	11813 - Other - Foster child, Male, 12 Years	11812 - Foster Parent, Female, 54 Years	Inadequate Food / Clothing / Shelter	Unfounded	
	11815 - Other - Foster child, Female, 6 Years	11812 - Foster Parent, Female, 54 Years	Inadequate Food / Clothing / Shelter	Unfounded	

Report Summary:

The SCR registered a report with allegations of IG and IF/C/S of the six, eight and twelve-year-old foster children by the FM. According to the narrative, the children were sent to bed without supper on three separate occasions. The children had poor hygiene and wore dirty clothes.

Determination: Unfounded

Date of Determination: 05/19/2015

Basis for Determination:

ACS found no credible evidence to support the allegations. According to the children, the allegations were not true. The school staff reported the children did not have poor hygiene and their clothing were not dirty.

OCFS Review Results:

The investigation was thorough.

Are there Required Actions related to the compliance issue(s)? Yes No

CPS - Investigative History More Than Three Years Prior to the Fatality

There was no CPS history more than three years that involved the SC and SS prior to the fatality.

Known CPS History Outside of NYS

There was no known CPS history outside of NYS.



NYS Office of Children and Family Services - Child Fatality Report

Family Assessment and Service Plan (FASP)

	Yes	No	N/A	Unable to Determine
Was the most recent FASP approved on time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there a current Risk Assessment Profile/Risk Assessment in the most recent FASP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Required Action(s)

Are there Required Actions related to compliance issues for provisions of CPS or Preventive services ?

Yes No

Preventive Services History

There is no record of Preventive Services History provided to the deceased child, the deceased child's siblings, and/or the other children residing in the deceased child's household at the time of the fatality.

Foster Care at the Time of the Fatality

The deceased child(ren) were in foster care at the time of the fatality? Yes

Date deceased child(ren) was placed in care: 11/17/2015

Date of placement with most recent caregiver? 05/25/2016

How did the child(ren) enter placement? Emergency removal without Court Order

Review of Foster Care When Child was in Foster Care at the time of the Fatality

	Yes	No	N/A	Unable to Determine
Does the case record document that sufficient steps were taken to safeguard this child's safety while in this placement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the placement comply with the appropriateness of placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the most recent placement stable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did the agency comply with sibling placement standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Was the child AWOL at the time of death?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	-------------------------------------	--------------------------	--------------------------

Visitation

	Yes	No	N/A	Unable to Determine
Was the visitation plan appropriate for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was visitation facilitated in accordance with the regulations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there supervision of visits as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Casework Contacts

	Yes	No	N/A	Unable to Determine
Were face-to-face contacts with the child in the child's placement location made with the required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were face-to-face contacts with the parent/relative/discharge resource in the parent/relative/discharge resource's home made with required frequency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of the casework contact requirements for contacts with the caretakers made, including requirements for contact at the child's placement location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provider Oversight/Training

	Yes	No	N/A	Unable to Determine
Did the agency provide the foster parents with required information regarding the child's health, handicaps, and behavioral issues?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the provider comply with discipline standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Were the foster parents receiving enhanced levels of foster care payments because of child need?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was foster parent provided a training program approved by OCFS that prepared the foster parent with appropriate knowledge and skills to meet the needs of the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the certification/approval for the placement current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NYS Office of Children and Family Services - Child Fatality Report

Was a Criminal History check conducted? Date: Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a check completed through the State Central Register? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Was a check completed through the Staff Exclusion List? Date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Additional information, if necessary: Since the SS entered the medical foster care home on 5/15/16, he has made progress and some measure of adjustment to yet another placement. He continues to bang his head and a plan was made to provide pillows to prevent injury. The parents continue to engage in services and plan to return to parent.				

Required Action(s)

Are there Required Actions related to the compliance issues for provision of Foster Care Services?
Yes No

Foster Care Placement History

On 11/27/15, ACS filed an article Ten Petition of Neglect in favor of the two-year-old (SS) and the eleven-month-old (SC) in Brooklyn Family Court against the BM. On that day, the children were remanded to the custody of ACS and placed under the auspices of Graham Windham foster care agency. The children were placed and replaced into six foster homes prior to the home in which the SC died. The children were removed from two of those homes because the children exhibited behaviors that required continuous monitoring. The foster parents reported sleepless nights and requested the children be returned to the agency. One home was found unsafe and unsanitary. The BM and family members had conflicts with another foster parent resulting in replacement. One of the foster parents had an indicated report resulting in another replacement. The children were in a foster home for the first night when the SC was found unresponsive. The SS has been placed into a therapeutic foster home where he has been improving. The MGM was also named as a subject in the 11/27/15 report with allegations of IG and LBW of the now two-year-old SS. ACS unsubstantiated the allegations citing no credible evidence.

Legal History Within Three Years Prior to the Fatality

Was there any legal activity within three years prior to the fatality investigation?
Family Court Criminal Court Order of Protection

Family Court Petition Type: FCA Article 10 - CPS		
Date Filed:	Fact Finding Description:	Disposition Description:
11/17/2015	Adjudicated Abused	Adjourned
Respondent:	032261 Mother Female 21 Year(s)	
Comments:	The judge ordered the children to remain in foster care until the next permanency hearing to be held	



on 6/14/16. The OOP on behalf of the children against the BM continued until the next permanency date. The BM was to continue to engage in individual therapy and follow through with recommendations until therapist deems it no longer necessary. The supervised visitation order was modified to allow the BM unsupervised visits at the agency's discretion.

Have any Orders of Protection been issued? Yes

From: 11/17/2015 **To:** 04/18/2016

Explain:
The judge placed an OOP against the BM on behalf of the two children to remain until the next court hearing to be held on 4/18/16.

Additional Local District Comments

N/A

Recommended Action(s)

Are there any recommended actions for local or state administrative or policy changes? Yes No

Are there any recommended prevention activities resulting from the review? Yes No